

# **SCHOOL HEALTH SERVICES (SHS) ONLINE REPORTING SYSTEM**

## **USER MANUAL FOR SHS CONTRACTORS**



**DECEMBER 2009**

## Table of Contents

Introduction .....	3
Logging In .....	3
Home Screen .....	4
Accessing the Contract Documents .....	4
Contracts Page .....	5
Contract Application Documents .....	6
• Contract Information .....	6
• Work Plans .....	7
○ Access To Care .....	7
○ Hearing and Vision .....	8
○ Oral Health .....	8
○ IHP .....	9
○ Asthma .....	9
○ Wellness Promotion and Disease Prevention.....	10
• Other Contract Information .....	
○ Personnel Cost Information .....	11
○ List of Participating Schools .....	11
○ School Health Advisory Council (SHAC) Membership List .....	12
○ Program Progression.....	13
• Documents not Submitted Online .....	
○ Registered Nurse (RN) Supervisory Agreement.....	14
○ Subcontractor Agreements.....	14
○ Multiple Wellness Work Plans/Reports .....	14
○ Multiple SHAC Membership Lists .....	14
First Quarter Report .....	15
Second Quarter Report .....	16
Third Quarter Reports .....	17
• Asthma, IHP, Vision, Hearing, Access to Care and Oral Health .....	17
• Wellness Promotion and Disease Prevention.....	18
• Asthma and IHP Care Coordination .....	19

End of Year Report.....	20
Social Worker Report .....	21
Message Center .....	22
Frequently Asked Questions .....	22
State-Wide Online Reports .....	23
• School Health Services Update (Staffing Survey) .....	23
• Special Health Care Needs Survey .....	25
• Vision Screening and Exam Referrals/Completions .....	26
• Immunizations and Noncompliance Reporting .....	27

## Introduction

The School Health Services Online Reporting System was developed by the Department of Health and Senior Services (DHSS), along with a combined effort from School Health Services, the Bureau of Immunization Assessment and Assurance, and the Office of Administration in order to provide a more efficient system for all schools to report information requested by DHSS and other state agencies. This information is used to identify trends, facilitate the planning of state resources for this population, and to ensure up-to-date communication with lead nurses in Missouri schools.

## Logging In

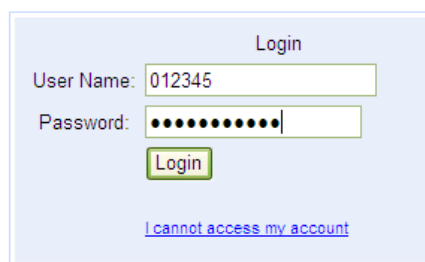
Username and passwords are provided to the Superintendent/Administrator and the SHS Contract Program Manager. For the purpose of the SHS Contract, there is one username and password per contract for reporting. The Program Manager must work with the Superintendent/Administrator to determine who requires access to this system. In the event of changes in staff that have access to this password, the Program Manager or Administrator should email school health at [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) and request a new password.

The Online Reporting System can be accessed at:

<https://webapp01.dhss.mo.gov/SchoolHealth/login.aspx>

or by going to the school health home page at <http://www.dhss.mo.gov/SchoolHealth/> and clicking the Online Reporting System link. It is suggested to bookmark these pages for quick access to the system.

Log in username and password provided by DHSS. If this has been lost, or is not working, email [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) for technical assistance. The username and password are **case-sensitive**, so be sure to capitalize. (Ex. 012345, DHSSUSER999)



The screenshot shows a login form titled "Login" with a light blue background. It contains two input fields: "User Name:" with the value "012345" and "Password:" with masked characters. Below the password field is a green "Login" button. At the bottom, there is a blue hyperlink that reads "I cannot access my account".

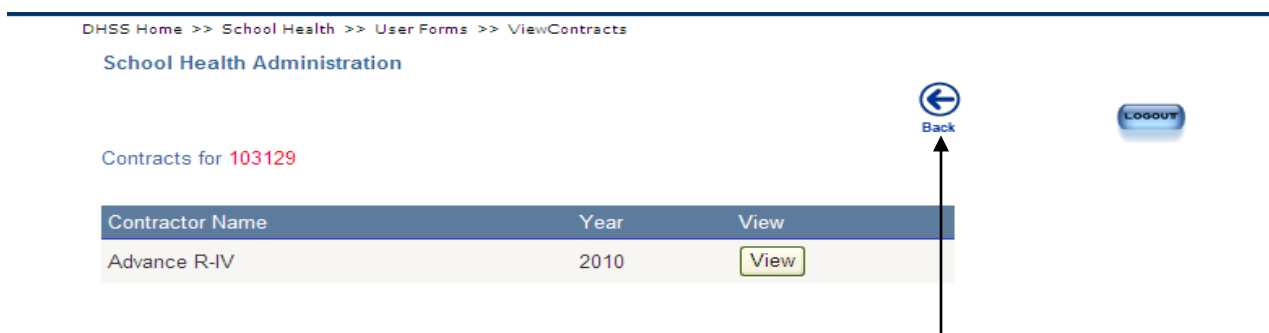
## Home Screen

Once the user has successfully logged in to the system, the home screen will appear:



## Accessing the Contract Documents

To access contract documents and reports, click “Contracts”. The next screen will give access to only the user’s assigned contract. From this screen, the user may “View” the current year’s contract.



The user will need to be sure to access the contract of the correct year when filling out reports or documents. The new application documents are completed in the spring of the year for the next school year (i.e., Spring 2010 is for 2011’s Contract).

While moving through the system, please use the system’s “Back” button, and not the one attached to the browser.

## Contracts Page

View Contracts for  
Mountain Grove R-III

**Check List**  
✓ Denotes Work Plans that have been Submitted for review.  
✔ Work Plan has been Approved.  
✖ Work Plan not yet Approved.

[Back](#)

**Contract Information**

- [CONTRACT INFORMATION](#)

**Work Plans**

- [ACCESS TO CARE](#)
- [HEARING PLAN](#)
- [ORAL PLAN](#)
- [VISION PLAN](#)
- [IHP](#)
- [ASTHMA PLAN](#)
- [WELLNESS PROMOTION AND DISEASE RECOVERY](#)

**Other Contract Information**

- [PERSONNEL COST INFORMATION](#)
- [LIST OF PARTICIPATING SCHOOLS](#)
- [ADVISORY COUNCIL MEMBERSHIP LIST](#)
- [PROGRAM PROGRESSION](#)

**Reports**

**First Quarter Report**

- [FIRST QUARTER REPORT](#)

**Second Quarter Report**

- [SECOND QUARTER REPORT](#)
- [SOCIAL WORKER REPORT](#)
- [ASTHMA](#)
- [HEARING](#)
- [IHP](#)
- [ACCESS TO CARE](#)
- [ORAL](#)
- [VISION](#)
- [WELLNESS](#)

**Third Quarter Reports**

- [ASTHMA MANAGEMENT](#)
- [IHP](#)
- [VISION REFERRAL COMPLETION](#)
- [HEARING REFERRAL COMPLETION](#)
- [ACCESS TO CARE](#)
- [ORAL HEALTH REPORT](#)
- [WELLNESS PROMOTION REPORT](#)
- [ASTHMA CARE COORDINATION](#)
- [IHP CARE COORDINATION](#)




Access to all work plans and reports available for this contract will be located on this page. By using the check list at the top, the user will be able to view both submitted and approved reports. **Each time a report or application has been submitted you must notify School Health Services (SHS) at [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov).**

**Check List**  
✓ Denotes Work Plans that have been Submitted for review.  
✔ Work Plan has been Approved.  
✖ Work Plan not yet Approved.

## Contract Application Documents

### Contract Information

School Health Administration All fields denoted with an asterisk \* are required fields.

**Edit Contract**   

**Contractor**

County: Adair \*

Name: \*

Address: \*

City: \*

State: MO

Zip: \*

Year: 2010 \*

**Administrator or Superintendent**

Sur Name: Mr.

First Name: James

Last Name: Doe

Degree: \*

Title: Superintendent

Phone: 800 | 555 | 5555 [eg. 573-233-2212]

Fax: 800 | 444 | 4444 [eg. 573-233-2212]

Email Address: jimdoe@yoohoo.com

**Program Manager**

First Name: Jane

Last Name: Doe

Degree: RN

Agency: \*

Address: \*

City: \*

State: MO

Zip: 55555

Work Phone: 800 | 555 | 5555 \*

Home Phone: 800 | 444 | 4444 [eg. 573-233-2212]

Fax: 417 | 926 | 1673

Work Email: Janedoe@yoohoo.com

The contract information page contains contact information, including the mailing address of the district; the

Administrator/Superintendent's and Program Manager's contact information; as well as the RN responsible for the work plans (should it be someone other than the Program Manager). Please review and update this information, and notify the School Health Program when changes occur.

If there is a change in the mailing address, contact SHS to make these changes, as this area cannot be updated by the user.

The Instructions Icon and Printer Icon are available on every webpage.



The Instructions icon will pull up a blank Word document of a report/work plan in the traditional format to be viewed or printed. This can be useful for other members of the health staff to use in gathering data to report to the Program Manager.



The Printer icon will bring up a PDF version of the report/work plan with the information that has been entered. This is the version that can be saved to the user's computer hard drive, or used to print a hard copy for filing. Both are recommended.

## Work Plans

Work Plans

- [ACCESS TO CARE](#)
- [HEARING PLAN](#)
- [ORAL PLAN](#)
- [VISION PLAN](#)
- [IHP](#)
- [ASTHMA PLAN](#)
- [WELLNESS PROMOTION AND DISEASE RECOVERY](#)

As part of the application process, Work Plans for the next school year must be developed. These are based on the actual numbers reached on the Third Quarter Reports of the current year, with goals for improvement for the next contract year. Work Plans are to be submitted no later than April 15<sup>th</sup>.

Most work plans and reports are set up with the following buttons:

Save

New Activity

Submit For Review

The only option available when first entering data is “Save.” Once this option has been chosen, the other buttons become active and “Save” becomes “Update”, as seen below in the Access to Care Work Plan.

### Access to Care

#### Access to Care Work Plan



Intermediate Outcome:

Increased access to health care. Students receive appropriate referral for assessment made.

Short-term Outcome:

Increase the percent of students whose health record indicates an identified medical provider/clinic

FROM 50 \* % ( 100 \* / 200 \* ) March 31, 2009

TO 100 \* % ( 200 \* / 200 \* ) by March 31, 2010

Update

New Activity

Submit For Review

What activities will accomplish the short-term outcome? Give target date(s) and person(s) responsible.

Activity	Person(s) Responsible	Completion Target Date(s)	Edit	Delete
Update Local resource directory for health care providers and dentists; detailing phone number, hours, costs per visit and Mo HealthNet providers	RN Coordinator	8/1/2009	<div>Edit</div>	<div>Delete</div>
Distribute health inventories requesting return within 5 days	School Nurse	8/20/2009	<div>Edit</div>	<div>Delete</div>

Enter the baseline percentage and number of children with an identified medical provider as of March 31<sup>st</sup> of the current year (obtained from current Third Quarter Report). Next, enter the percentage and estimated numbers for the new goal for improvement to be reached by March 31<sup>st</sup> of the next contract year. Once entered, click “Save”.

The “New Activity” button is now active in order to enter the “Activities” planned to complete the new goal. In addition, list the person(s) responsible and completion target date. Then click “Save”. The completion target

Activity

Person(s) Responsible

Completion Target Date(s)

dates should be estimated dates throughout the school year, not 3/31/\_\_. This end date may only be used if the activity/step is ongoing throughout the school year. This process is the same for all work plans.

**Repeat** for each additional activity. When all planned activities have been entered, “Print” the document using the printer icon, and then select “Submit for Review”. Once submitted, the document is locked. After submitting, you must contact SHS staff at [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) to unlock the document for editing or making any changes.

## Hearing and Vision

Hearing and Vision Work Plans follow the same format as the Access to Care Work Plan. Follow the steps above to complete these work plans.

## Oral Health

The Oral Health Work Plan is set up much like the other work plans, with the exception of having a choice of two separate short term outcome options. The new goal is to increase the number of students who are receiving a designated dental health curriculum OR receiving a fluoride application. The user must also identify the targeted grade level(s). Click “Save”, and add the “New Activities.”

### Oral Health Plan



Once all information is entered, “Print” and “Submit for Review”.

Intermediate Outcome:

Reduce the burden of disease through oral health promotion and disease prevention.

---

Short-term Outcome:

Increase the percent of students in  \* grade(s), be specific:  
(Please choose only number one or only number two, not both)

1) Receiving a designated dental health curriculum

FROM  % (  /  ) March 31, 2009

TO  % (  /  ) March 31, 2010, or

2) Receiving routine topical fluoride application

FROM  % (  /  ) March 31, 2009

TO  % (  /  ) by March 31, 2010

What activities will accomplish the short-term outcome? Give target date(s) and person(s) responsible.

## Individualized Healthcare Plan (IHP)

The IHP Work Plan follows the same format as the other work plans, with an additional data entry section. The IHP (and Asthma) Work Plan have a “Step One” section that must be completed in order to “Save” the work plan. This step is requesting specific data that will assist the user in developing the work plan, and identifying students benefiting most from an Individualized Healthcare Plan (IHP) and Care Coordination. Once baseline percentage/numbers; the newly identified goal for improvement; and Step One information has been entered and “Saved,” “New Activities” can be entered. The user can then “Print” and “Submit for Review.”

### IHP Work Plan



#### Intermediate Outcome:

Health Related Barriers to Learning are Identified and Managed - Students with chronic conditions, have their health care needs met.

#### Short-term Outcome:

Increase the percent of students with chronic conditions/Special Health Care Needs that participate in the development of an Individualized Healthcare Plan to address their desired goal(s)

FROM  \* % (  \* /  \* ) March 31, 2009

TO  \* % (  \* /  \* ) by March 31, 2010

#### Overview

##### Step One :

Student Total	<input type="text"/> *	Total SHCN	<input type="text"/> *	Total Chronic	<input type="text"/> *
Total Medically Fragile	<input type="text"/> *	Total EAP	<input type="text"/> *	Total Tech Dependent	<input type="text"/> *
Total IHAP	<input type="text"/> *				

What activities will accomplish the short-term outcome? Give target date(s) and person(s) responsible.

## Asthma

The Asthma work plan follows the same format as the IHP Work Plan. Follow the steps above to complete this work plan.

## Wellness Promotion and Disease Prevention

The Wellness Promotion and Disease Prevention Work Plan follow a completely different entry format than the previous work plans. Using the School Health Index, the School Health Advisory Council chooses three Modules, and identifies focused Discussion Questions to accompany each Module.

### Wellness Promotion Work Plan



Instructions



Back

#### Intermediate Outcome:

The overall health of the school is enhanced by wellness promotion and disease prevention measures - as evidenced by the school district and the community working together toward common goals utilizing the School Health Index as a framework for the planning process

#### Short-term Outcome:

By March 31, 2009, the Contractor Shall:

- Provide a written plan to detail the priorities for action steps to be taken in FY 2010, using the School Health Index Planning tools (Part I).
- Implement the action plan for FY2010 to address a minimum of three areas (either modules or discussion questions, or a combination).
- Show expected program progression by describing the overall agreed upon goals for wellness promotion and disease prevention by FY 2011 (Part II).

Module/Discussion

Submit For Review

#### Actions

Priority	Actions	2009-10 Overall Goal	2010-11 Overall Goal	Edit	Delete	Steps
▲ ▼	M2, CC7 and CC8	Provide professional development regarding health education curriculum to elementary school staff and school health services staff.	Continue to evaluate and implement elementary health education curriculum.	<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">Steps</a>

Click on “Module/Discussion” and enter the first Module and Discussion question with written description, and the overall goals to accomplish over the next two years. Once complete, always “Save” your data. **Repeat** steps to enter second and third Modules.

Once overall goals have been entered and “Saved”, each Module will need the steps that will be used to reach each Module goal.

Click on “Steps” next to the first Module/Discussion. The “New Step” button now appears and, when chosen, brings up the entry screen (mimics the “New Activity” screen shown at the top of page 8). This screen is used to enter the activity/step, person(s) responsible, and target completion date. Once these are entered, click “Save,” and the system automatically returns to the screen below. **Repeat** “New Step” to enter all required information for the first Module. Once the first Module has been entered, use the “Back” button to enter

information for the second and third Modules. Once work plan data for three Modules has been entered, “Print” and “Submit for Review”.

### Wellness Step



Back

[New Steps](#)  
[New Step](#)

#### Steps

Priority	Step	Person(s) Responsible	Target Date	Edit	Delete
▲ ▼	Elementary school staff teaching elementary health education curriculum will meet during a scheduled professional development workshop to evaluate current curriculum.	Elementary School Staff	12/15/2009	<a href="#">Edit</a>	<a href="#">Delete</a>
▲ ▼	During Professional Development Workshop, staff will discuss and make note of problems and successes associated with the curriculum.	Elementary School Staff	12/15/2009	<a href="#">Edit</a>	<a href="#">Delete</a>
▲ ▼	A survey will be devised and given to elementary school staff and school health services that implement the integrated school health curriculum to determine effectiveness of curriculum.	Dir. of Instructional Services Health education cu	1/15/2010	<a href="#">Edit</a>	<a href="#">Delete</a>

## Other Contract Information

### Personnel Cost Information

#### Personnel Cost



New Personnel Cost

#### Personnel Cost Information

Use the Personnel Cost Information sheet to enter the SHS and local funding for each person in the School Health Services Program. Click on the “New Personnel Cost” button.

#### Personnel Cost



Personnel  \*

Position/Title

Hours  \*

SHS Amount Requested  \*

Local Funding Provided  \*

Next to “Personnel” use the drop down box to choose a health staff member. If a staff member is not listed, contact [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) and provide the name, title (RN, LPN, HA, SW), degree, and email address of the person. Complete the hours worked by the individual **per week**, “SHS Amount Requested” and “Local Funding Provided”. If no SHS funding is requested for a position, enter “0” and then enter amount of local funding provided. Click “Save” and **repeat** for each health staff position.

### List of Participating Schools

#### Participating Schools



Add Participating Schools

List of Participating Schools

School Name	Total Students	Grade Levels	Edit	Delete
Mountain Grove R-III	300	k-12	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

#### Edit Contract - New Participating Schools



School District  \*

Total Students  \*

Grade Levels  \*

Click on “New Participating School” to enter each school that is part of the user’s contract. Include sub-contracting schools. Enter the District Name, the total population of students, and the grade levels included. “Save” after each entry, and submit when finished.

## School Health Advisory Council (SHAC) Membership List

The School Health Advisory Council (SHAC) is required to meet at least four times a year, and plays an important role in planning and monitoring the School Health Services Program.

### Advisory Members



Instructions



Back

Add Advisory Members

New Member

Submit For Review

List of Advisory Members

Name	Edit	Delete
Michelle Wilson	Edit	Delete

Click on the “New Member” button.

Enter the name of an Advisory Council Member, and choose the role they represent. Click “Save.”

Repeat for each member and “Submit” when completed.

This form may be printed and used for meeting attendance if desired, which must be included with each meeting’s minutes.

**Meeting minutes must be submitted by mail, email, or fax within 30 days of each SHAC Meeting. The Online Reporting System does not support electronic submission.**

Name & Role

#### PARENT

- ☐ School Age Child
- ☐ Medically Fragile Child
- ☐ Special Education Child
- ☐ PTA Representation

#### STUDENT

- ☐ Middle School
- ☐ Junior High School
- ☐ High School

#### HEALTH

- ☐ Physician
- ☐ Dentistry
- ☐ Mental Health
- ☐ Public Health
- ☐ Other Health

#### COMMUNITY

- ☐ Civic Group
- ☐ Religious Group
- ☐ Human Services
- ☐ Youth Services

#### EDUCATION

- ☐ School Nurse
- ☐ Health Teacher
- ☐ Other Teacher
- ☐ School Admin.
- ☐ School Counselor
- ☐ Food Services
- ☐ Education Other

#### OTHER

- ☐ Business
- ☐ Government Official
- Other Professional

Save

Cancel

## Program Progression

The Program Progression is used to track growth in the contract from prior-to-entering the School Health Services contract through the next contract year. A required contract deliverable is for the nurse-to-student ratio to be maintained or increased. Staff entered on the Personnel Cost sheet is represented on the Program Progression.

## Program Progression

Click “New Program Progression.”

Enter the number of staff for each position (RN, LPN, HA, etc.) and total combined local funding for those positions. Hours are to be figured as combined weekly total of each position level.

Example:

1 RN @ 40 hrs/wk  
plus 2 RNs @ 20  
hrs/wk equals a total  
of 80 RN Hrs/wk.

After entering totals for all positions, “Save.” The system will then return to the first screen to allow the user to “Print” and “Submit for Review.”

[Add Program Progression](#)  
[New Program Progression](#) [Submit For Review](#)  
[List of Program Progression](#)

[Edit Contract - New Program Progression](#)

**Full and Part-time Registered Nurse(s)**

RN Prior Staff Number	<input type="text"/>	RN Prior Hours Worked	<input type="text"/>	RN Prior Funding	<input type="text"/>
RN Current Staff Number	<input type="text"/>	RN Current Hours Worked	<input type="text"/>	RN Current Funding	<input type="text"/>
RN Future Staff Number	<input type="text"/>	RN Future Hours Worked	<input type="text"/>	RN Future Funding	<input type="text"/>

**Full and Part-time Licensed Practical Nurse(s)**

LPN Prior Staff Number	<input type="text"/>	LPN Prior Hours Worked	<input type="text"/>	LPN Prior Funding	<input type="text"/>
LPN Current Staff Number	<input type="text"/>	LPN Current Hours Worked	<input type="text"/>	LPN Current Funding	<input type="text"/>
LPN Future Staff Number	<input type="text"/>	LPN Future Hours Worked	<input type="text"/>	LPN Future Funding	<input type="text"/>

**Full and Part-time Health Room Aide(s)/Assistant(s)**

AIDE Prior Staff Number	<input type="text"/>	AIDE Prior Hours Worked	<input type="text"/>	AIDE Prior Funding	<input type="text"/>
AIDE Current Staff Number	<input type="text"/>	AIDE Current Hours Worked	<input type="text"/>	AIDE Current Funding	<input type="text"/>
AIDE Future Staff Number	<input type="text"/>	AIDE Future Hours Worked	<input type="text"/>	AIDE Future Funding	<input type="text"/>

**Full and Part-time School Social Worker(s)**

Social Prior Staff Number	<input type="text"/>	Social Prior Hours Worked	<input type="text"/>	Social Prior Funding	<input type="text"/>
Social Current Staff Number	<input type="text"/>	Social Current Hours Worked	<input type="text"/>	Social Current Funding	<input type="text"/>
Social Future Staff Number	<input type="text"/>	Social Future Hours Worked	<input type="text"/>	Social Future Funding	<input type="text"/>

**Full and Part-time Mental Health professional(s)**

Mental Prior Staff Number	<input type="text"/>	Mental Prior Hours Worked	<input type="text"/>	Mental Prior Funding	<input type="text"/>
Mental Current Staff Number	<input type="text"/>	Mental Current Hours Worked	<input type="text"/>	Mental Current Funding	<input type="text"/>
Mental Future Staff Number	<input type="text"/>	Mental Future Hours Worked	<input type="text"/>	Mental Future Funding	<input type="text"/>

[Save](#) [Cancel](#)

## **Documents Not Submitted Online**

### ***RN Supervisory Agreement***

In contracts where the Registered Nurse/Physician is serving as a supervisor for a Licensed Practical Nurse (LPN) not employed by the same agency, there must be a written, signed, and dated agreement identifying the Registered Nurse/Physician who will supervise each LPN. This supervision agreement must be renewed annually. If there is a change in personnel, a new supervision agreement must be provided to the School Health Program. A sample template of this document is available on School Health's Website at <http://www.dhss.mo.gov/SchoolHealth/Forms.html>, and a signed copy can be mailed to DHSS-SHS, PO Box 570, Jefferson City, MO 65102-0570, or faxed to School Health Services at 573-526-5347.

### ***Subcontractor Agreement***

A formal agreement between separate entities, of which one will be the lead agency or contractor (must be a local public school district or health department). The lead agency is to provide services, and to ensure participation in (and reporting of) required activities of the School Health Services program. Each subcontractor must have a separate agreement with the lead agency. A sample template of this document is available on School Health's Website at <http://www.dhss.mo.gov/SchoolHealth/Forms.html> and a signed copy can be mailed to DHSS-SHS, PO Box 570, Jefferson City, MO 65102-0570, or faxed to School Health Services at 573-526-5347.

### ***Multiple Wellness Work Plans/Reports***

The Online Reporting System cannot support multiple Wellness Work Plans or Reports for a single contract. If the user has more than one Wellness Work Plan or Report, these must be submitted by email, fax or mail. By using the "Instructions" button on the Wellness Work Plan or Report page, a Word version of the document can be downloaded in which the multiple work plans/reports can be completed for submission.

### ***Multiple School Health Advisory Council Memberships Lists***

The Online Reporting System cannot support multiple School Health Advisory Council (SHAC) Membership Lists for a single contract. If the user has more than one SHAC Membership List, these must be submitted by email, fax or mail. By using the "Instructions" button, a Word version of the document can be downloaded in which the multiple SHAC lists can be completed for submission.

## First Quarter Report

**The October 15 First Quarter Report** is the opportunity for contractors to review the work plans and goals submitted, and request revisions if needed. The user will also enter the School Health Advisory Council meeting dates for the current contract year. **The Pre-Intervention Data (baseline) for IHP and Asthma Care Coordination must also be entered by October 15<sup>th</sup>** (see page 19).

### First Quarter Report



Instructions



Back

#### Intermediate Outcome:

This report is to be submitted online, or postmarked or emailed by the 15th of October. **Reports are not to be faxed.**

#### Report Justification Section

☒ The School Health Services work plans for the 2009-10 school year have been reviewed and there are no changes.

☐ The School Health Services work plans for the 2009-10 school year have been reviewed and the revised plans are enclosed.

Update

New Meeting

Submit For Review

#### Meeting(s)


Meeting Date	Edit	Delete
9/30/2009	Edit	Delete
11/10/2009	Edit	Delete

Choose the first option if no changes needed, or the second option for revisions requested. To make revisions, the user must contact SHS at [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) to unlock previously approved work plan(s).

Click "Save" and "New Meeting" becomes active.

Once clicked, use the Calendar icon to choose the date of the First SHAC Meeting. Click "Save."

Meeting Date(s)

The system will automatically return to the previous screen. **Repeat** to enter all meeting dates. At least four dates must be entered before submitting.

## Second Quarter Report

The **Second Quarter Report** sections (e.g., asthma, hearing, IHP) are submitted as one report, **due January 15<sup>th</sup>**. This is a mid-year progress report for the work plan short term outcomes. Baseline and goal percents/numbers are pre-populated from the current approved work plan. For each section, enter Yes/No if short term outcome goals have been met or exceeded. If not met, will they be met by March 31<sup>st</sup>? If at this time the goals are not expected to be met by March 31<sup>st</sup>, enter barriers encountered and any activity adjustments that will be made in order to meet goals. "Update" and use the "Back" button to return to the contract page. **Repeat** for each section of the Second Quarter Report.

### Second Quarter Report

- [SECOND QUARTER REPORT](#)
  - [ASTHMA](#)
  - [HEARING](#)
  - [IHP](#)
  - [ACCESS TO CARE](#)
  - [ORAL](#)
  - [VISION](#)
  - [WELLNESS](#)

#### Intermediate Outcome:

This narrative report is to be submitted online, postmarked or emailed by the 15th of January.  
Reports are not to be faxed.

#### Short-term Outcome:

Increase the percent of students whose health record indicates an identified medical provider/clinic

FROM  \* % (  \* /  \* ) March 31, 2009

TO  \* % (  \* /  \* ) March 31, 2010

#### Report Justification Section

Have you met or exceeded your Short-term Outcome?

▼

Do you expect to meet your Short-term Outcome by March 31?

▼

Please describe barriers encountered.

How will you adjust your plan to reach your Short-term Outcome by March 31?

Once each section has been "Updated", click on the "Second Quarter Report" link to enter the person submitting the report and "Update." Click "Generate Report" to view the combined Second Quarter Report and print. Then "Submit for Review."

## SECOND QUARTER REPORT



Submitted by

## Third Quarter Reports

All **Third Quarter Reports** are due on or before **April 15<sup>th</sup>**. Email [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) when all are submitted and ready for review.

Third Quarter Reports provide the actual percents/numbers achieved by March 31<sup>st</sup> for each work plan short term outcome. These percents/numbers will be used as the **baselines** for the **next** contract year's application.

### ***Asthma, IHP, Vision, Hearing, Access to Care and Oral Health***

Asthma, IHP, Vision, Hearing, Access to Care and Oral Health Third Quarter Reports are entered using the same format. Short term outcome baseline and goal percents/numbers are pre-populated from the current work plan.

If goals were not met, enter "Barriers" (Justification) and "Plan Adjustment" (Corrective Action Plan). Click "Save".

#### Hearing Plan



**Intermediate Outcome:**  
This numerical report is to be submitted online, postmarked or emailed by the 15th of April. **Reports are not to be faxed.**

**Short-term Outcome:**  
Increase the percent of students referred for a newly identified hearing screening deficit receiving a professional evaluation

FROM  \*% (  \*/  ) \* March 31, 2009  
TO  \*% (  \*/  ) \* March 31, 2010

**School District Name(s)**

District Name	# Referrals Completed	# Referrals Made	Percent	Edit	Delete
Mountain Grove R-III	7	10	70	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<b>Total:</b>	<b>7</b>	<b>10</b>	<b>70</b>		

**Report Justification Section**

**Barriers**

**Plan Adjustment**

#### Edit Contract - New Hearing District

School District  \*

# Referrals Completed  \*

# Referrals Made  \*

Percent (Completed/Made)  \*

Once active, click "Actual" and enter the numbers achieved for the short term outcome for a participating school by using the drop down box next to "School District." "Calculate Percent" will automatically fill the Percent completed box. "Save."

**Repeat** this process for each school/district participating in the contract. 'Submit for Review' once all data has been entered.

## Wellness Promotion and Disease Prevention

Click “Modules/Discussion” to enter the “Actions” (Module/Discussion number and description) from your current Wellness Work Plan, and accomplishments that have been made. “Save” and repeat for the second and third Module/Discussion areas.

[Edit Contract - New Wellness Action Plan](#)

Actions

Accomplishments

Save

Cancel

If goals/planned actions were not met, complete the “Report Justification Section” and “Part II” (see below). “Save”, “Print”, and “Submit for Review.”

## Wellness Promotion Report



[Instructions](#)



Back

### Intermediate Outcome:

This numerical report is to be submitted online, postmarked or emailed by the 15th of April. **Reports are not to be faxed.**

Save

Modules/Discussion

Submit For Review

Priority	Actions	Accomplishments	Edit	Delete
<b>Report Justification Section</b>				
<b>Contractors not meeting short-term outcome by March 31, must:</b>				
	1. Provide explanation of barriers for not meeting short-term outcome	<input type="text"/>		
	2. Submit or develop a corrective action plan for consideration by DHSS.	<input type="text"/>		
<b>Part II</b>				
<b>Please describe any modifications anticipated or needed for your overall goals for 2011</b>				
<input type="text"/>				

If more than one Wellness Promotion Report is needed, please submit by mail, email, or fax.

## Asthma and IHP Care Coordination

These reports are a summary of pre- and post-intervention data for students involved in Care Coordination. Pre-Intervention data is entered at the beginning of the current year, no later than October 15 and post-intervention data reflects progress made by March 31<sup>st</sup>. **Outcomes chosen should be specific for each student. Data description should be specific and measurable in terms of time frame and number.**

IHP Management

To begin each plan, click “New Student.”

[New Student](#) [Submit For Review](#)

For each student participating in care coordination, enter the “School Building Name,” “Student Identifier,” and “Student Number.”

The “Student Identifier” is a unique code created by the Program Manager to distinguish the students in Care Coordination (e.g., F0115). The “Student Number” identifies how many students are involved in Care Coordination from each building (e.g., 1 of 4).

Enter Pre-Intervention data (concern being addressed) for one or more outcome(s) selected. “Save” and repeat for each student.

Click “Edit” next to the students identifying information to enter Post-Intervention data, or the accomplishments/progress that has been made by March 31<sup>st</sup>.

Check the improvement box if the student intervention(s) have demonstrated measurable improvement.

User can “Print” each student’s completed report before they “Submit for Review.”

**General**

School Building Name

Student Identifier

Student Number

Please select one or more outcome(s) from the list below, document baseline data prior to the intervention and record post-IHP intervention data. Note improvement status in corresponding column.

**Participation in Self Care**

Pre-IHP Intervention Data

Post-IHP Intervention Data

Improvement? ☐

**Participation in Health Care Decisions**

Pre-IHP Intervention Data

Post-IHP Intervention Data

Improvement? ☐

**Increased School Attendance**

Pre-IHP Intervention Data

Post-IHP Intervention Data

Improvement? ☐

**Enhanced Coping**

Pre-IHP Intervention Data

Post-IHP Intervention Data

## End of Year Report

The End of Year Report is a summary of data collected throughout the school year. It may be helpful to track this data monthly by using the “Instructions” button to print blank reports. These may then be totaled when the report is due. Each participating school/district’s data will be entered separately through the use of the drop down box. Once each individual End of Year Report has been completed and “Saved”, “Print” and “Submit for Review.”

### End of Year Report



Instructions



Back

#### District Name

School District  
Name:

Select

#### Mandatory Demographic Information Section

Students with Private  
Insurance

Students with MO  
Healthnet for Kids(MHK)

Students with None/Unknown Insurance status

Race

White

Black/African-American

Ethnicity

Non-  
Hispanic

Hispanic

English as a  
2nd Language

Number of Students with  
a well child exam in the  
past 24 months

Number of students with  
dental care provider

Number of students  
with dental exam

#### Health Room Visit Information Section

Number of Health Room  
Visits

Number of Students who visited health room (not the same as  
number of visits, count student only once)

Number of visits resulting  
in student being sent home

#### Special Health Care Needs Information

Number of students with  
severe food allergies

Number of Students with severe  
insect sting allergies

Number of Students with diagnosis  
of diabetes

T1

T2

Number of Students with  
Health Action Plans

Number of Students with Emergency  
Action Plans

Number of Students with 504  
Plans

Total # Students w/IHP

Total # Students w/Asthma

Total # Students with an AAP

Number of Students  
receiving asthma medication  
at school

DAILY

PRN

Number of Students with ADD/ADHD

Number of Students receiving  
ADHD medication at school

Number of students with  
seizure disorder

Number of Students with cystic  
fibrosis

Number of Students with serious  
mental health conditions

Number of students requiring special care procedures at school (i.e. vent/trach care, tube  
feedings, cath/colostomy care, nebulizer, etc.)

Number of Students students  
receiving  
psychotropic/antidepressant  
medication at school

#### Students with Other Health Concerns

Suicide

Threat

Attempt

Death

Pregnant/Parenting

Substance Abuse Problems in Self  
and/or Family

History of Child Abuse

Number of Students who received  
In-Patient hospital care during this  
school year. (Students may be  
counted more than once)

Number requiring Case Management for existing condition related to:

Hearing

Vision

#### Screening Information Section

# of Students Screened

# of Referrals

# of Completed Referrals

Oral Health/Dental

#### Referrals (non-screening) Information Section

Number of Students referred to Children's  
Division for abuse or neglect

Do you have  
AEDs?

Location of  
AEDs:

#### School Safety Information Section

Number of school staff trained in CPR

Does each school building have a minimum of two staff

## Social Worker Report

This report is a summary of the activities of all Social Workers employed by the School Health Services contractor, whether or not the position directly receives SHS funding. It may be helpful to track this data monthly by using the “Instructions” button to print blank reports. These may then be totaled when the report is due. “Save” and “Submit for Review” once completed.

### Social Worker Report



Excessive Absence Referrals	<input type="text"/>
Interventions	<input type="text"/>
Intervention Examples	<input type="text"/>
Medical Care	<input type="text"/>
Dental Service	<input type="text"/>
Vision Deficits	<input type="text"/>
Hearing Deficits	<input type="text"/>
Mental Health	<input type="text"/>
Examples of Care Access	<input type="text"/>
Hotline Calls	<input type="text"/>
Home Visits	<input type="text"/>
Home Visit Examples	<input type="text"/>
Agency Contacts	<input type="text"/>
Community Resource Example	<input type="text"/>
Group Counseling Sessions	<input type="text"/>
Group Counseling Session Topics	<input type="text"/>
Class Room Presentations	<input type="text"/>
Class Room Presentation Topics	<input type="text"/>
Success Examples	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Submit For Review"/>	

## Message Center

The Message Center is currently under construction. Please contact the School Health team through their regular email addresses, or through [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov).

Thank you.



## Frequently Asked Questions

Trouble Logging In - Usernames and passwords are case sensitive. Be sure that they are capitalized and that zeros are being used instead of "Os". If the username/password continues to not work, or is lost, email [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) for assistance.

Errors – The most common errors reported have been due to the following factors:

- System Timed Out – The system will automatically log the user out after 15 minutes of non-activity. Activity includes Saving, Submitting, or any use of buttons to navigate the system. Activity does not include typing within the system. Please be sure to save/update whatever is being worked on when leaving the computer, or working on other things. Save often.
- Use of symbols in number fields – Any fields that are asking for numbers will probably give an error if symbols are used. If salary is asked for, there is no need for \$ or commas. Decimals will be accepted. Also, for hours worked, do not include a range (i.e., 30-35 or 35+).
- Phone Number – The phone number in the Staffing Survey is not set up for dashes at this time, so just enter the digits (i.e., 5735260210).

Staff is not listed in the drop down box – The staff loaded in the system are from an older database, and are therefore not up-to-date with changes in the last 2 years. If staff are missing, or have changes in name or title (LPN to RN), email us at [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov) and provide the Name, Title, Degree, Email and Phone Number for said staff, and they will be added in a timely fashion.

Reports do not have a submit button – If the report being worked on does not have a submit button, most likely the user is no longer within the Online Reporting System. Do not use the blue bar on the left of the screen to navigate through the online reporting system. This will take you out of the system and into School Health's website. Also, do not use the back button in the web browser; use the one within the system to ensure that information is saved correctly.

**For all other technical issues or questions, email us at [shs@dhss.mo.gov](mailto:shs@dhss.mo.gov), or call 573-751-6213.**

## State-Wide Online Reports

### ***School Health Services Update (Staffing Survey)***

The School Health Services Update (aka Staffing Survey) is a yearly tool used by the Department of Health and Senior Services to track state-wide school health staffing information, as well as contact information for personnel. This tool is frequently used as a method of gaining and providing pertinent information on topics of current importance. Your completion of this survey is valuable, and the School Health Services Program appreciates your input.

The Staffing Survey is currently under construction. When this survey is back on line, contractors will be notified.

Thank you.



## Special Healthcare Needs Survey

The Special Healthcare Needs survey is a biennial state-wide survey used by the Department of Health and Senior Services to track information regarding common conditions affecting Missouri's school-aged children. This tool is used to identify trends and assist with allocation of resources.

Access this survey by clicking "Special Healthcare Needs Survey" on the Home Screen after logging in to the Online Reporting System. Begin the survey by clicking "New Special Needs."

Special Needs for ADIEHLS

New Special Needs



No Special Needs Assigned to the User

Choose the user's school/district using the drop down box and verify the county. Enter the name of the RN Coordinator.

Complete each box by entering the number of students in the school/district reporting a special healthcare condition.

When finished, click "Save."

Special Needs

School District Name

Select

County
RN Coordinator of Health Services

Please enter the total number of students in your school district that have been diagnosed or identified with the following special health care need(s) or health condition(s). Students may be entered more than once.

Illness Or Disability	# of Student	Illness Or Disability	# of Student
Allergies – life threatening - Food	<input type="text"/>	Hemophilia/bleeding disorder	<input type="text"/>
Allergies – life threatening - Insect	<input type="text"/>	Hydrocephalus with shunt	<input type="text"/>
Allergies – life threatening - Latex	<input type="text"/>	Kidney disease	<input type="text"/>
Asthma – on medication at home or school	<input type="text"/>	Mental Health	
Blind	<input type="text"/>	ADD/ADHD	<input type="text"/>
Cancer	<input type="text"/>	Asperger's Syndrome	<input type="text"/>
Taking Chemotherapeutic Medication	<input type="text"/>	Autism	<input type="text"/>
Chronic infection (e.g., Hepatitis, etc.)	<input type="text"/>	Bi-polar	<input type="text"/>
Cleft lip and palate	<input type="text"/>	Depression	<input type="text"/>
Cystic Fibrosis	<input type="text"/>	Obsessive Compulsive Disorder	<input type="text"/>
Daily special health care procedures		Oppositional Defiance Disorder	<input type="text"/>
Blood sugar check	<input type="text"/>	Post Traumatic Stress Syndromes	<input type="text"/>
Catherization care	<input type="text"/>	Tourette's syndrome	<input type="text"/>
Ostomy care	<input type="text"/>	Migraine headaches	<input type="text"/>
Tube feeding	<input type="text"/>	Neuromuscular disorder, non-progressive (e.g., Cerebral Palsy, etc.)	<input type="text"/>
Ventilator dependent	<input type="text"/>	Neuromuscular disorder, progressive (e.g., Muscular Dystrophy, etc.)	<input type="text"/>
Deaf with no assistive devices	<input type="text"/>	Organ Recipient	<input type="text"/>
With FM systems	<input type="text"/>	Orthopedic disability (permanent)	<input type="text"/>
With hearing aides	<input type="text"/>	Orthopedic disability (temporary, e.g., Osgood Schlatter, fractures, etc.)	<input type="text"/>
With cochlear implants	<input type="text"/>	Scoliosis requiring treatment	<input type="text"/>
Diabetes		Pregnancy	<input type="text"/>
Type 1	<input type="text"/>	Teen Parenting	<input type="text"/>
Type 2	<input type="text"/>	Rheumatoid Arthritis	<input type="text"/>
Drug/alcohol abuse	<input type="text"/>	Autoimmune disease (e.g., Lupus, etc.)	<input type="text"/>
Eating disorder (e.g., Anorexia, Bulimia, etc.)	<input type="text"/>	Routine medications at school	<input type="text"/>
Gastrointestinal Disorders (e.g. Irritable	<input type="text"/>	Seizure disorders	<input type="text"/>

## Vision Screening and Exam Referrals/Completions

These state-wide reports are to be completed by all public schools to provide information relating to the Missouri Vision Statutes. Access these reports by clicking “Vision Menu” on the Home Screen after logging in to the Online Reporting System. Choose the report to be completed and the school/district providing the information. Enter the person completing the form, as well as a phone number or email address with which to contact them.

### Vision Exam Annual Report

Use this report to enter aggregate totals from the comprehensive vision exams for children entering kindergarten or first grade for the first time. When saved, the report will automatically total the amounts in the gray boxes.

#### Vision Screening Annual Report (1st and 3rd Grades)

■ indicates a required field.

School and Preparer Information					
* District:	Academy of Kansas City				
* District Code:	048908				
* Form Completed By:					
* Date Submitted:	11/13/2009				
* Preparer Contact Information:					

1st Screening Information		Rescreen Information		Referral Information	
Grade	Number of Students Screened	Grade	Number of Students Rescreened	Grade	No Referral at this Time
1st	0	1st	0	1st	0
3rd	0	3rd	0	3rd	0
Total	0	Total	0	Total	0

Comprehensive Exam Results		Payment Information	
Grade	Normal (No Abnormality)	Grade	BEST Fund Insurance/ Voucher Other
1st	0	1st	0
3rd	0	3rd	0
Total	0	Total	0

Comments:

Save Form

Submit Form

#### Vision Exam Annual Report (K or 1st Grades)

■ indicates a required field.

School and Preparer Information						
* District:	Academie Lafayette					
* District Code:	048914					
* Form Completed By:						
* Date Submitted:	11/13/2009					
* Preparer Contact Information:						

Vision Exam Report						
Grade	Number of Students Starting School for the first time	Number of Students with Identified vision problem prior to enrollment	Number of Students with Comprehensive Vision Exam	Number of Students with an exam that does not meet the criteria for a Comprehensive Vision Exam	Number of Students with Parent Objection to vision exam via Opt-out Form	Number of Students with No Response from Parent(s) to vision exam request
K	0	0	0	0	0	0
1st	0	0	0	0	0	0
Total	0	0	0	0	0	0

Results of Professional Eye Exam			
Grade	Number of Students with Normal (No Abnormality) Comprehensive Vision Exam	Number of Students with Positive Findings	Number of Students with Positive Findings and No Resources for Correction or Treatment
K	0	0	0
1st	0	0	0
Total	0	0	0

Comments:

### Vision Screening Annual Report

Use this report to enter aggregate totals from the vision screenings of children in first and third grades. When saved, the report will automatically total the amounts in the gray boxes.

Once a report is completed, click “Submit Form.”

## Immunization and Noncompliance Reporting

The following forms are available online, and instructions for completion will be provided by the DHSS Bureau of Immunization Assessment and Assurance. For more information, contact Lynelle Paro at [SchoollmmunizationReporting@dhss.mo.gov](mailto:SchoollmmunizationReporting@dhss.mo.gov).

### Summary Report of Immunization Status of Missouri Public, Private, and Parochial School Children (CD-31)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES 2009-2010 SUMMARY REPORT OF IMMUNIZATION STATUS OF MISSOURI PUBLIC, PRIVATE AND PAROCHIAL SCHOOL CHILDREN														
By OCTOBER 15, 2009 this completed CD-31 form must be submitted online or forwarded to: Missouri Department of Health and Senior Services Bureau of Immunization Assessment & Assurance P.O. BOX 570 Jefferson City, MO 65102-0570 (573) 751-6124 toll free 1-866-628-9891														
If School Name or Address has changed, email changes to <a href="mailto:SchoollmmunizationReporting@dhss.mo.gov">SchoollmmunizationReporting@dhss.mo.gov</a> or call (573) 751-6124														
Phone: <input type="text"/> <input type="text"/> <input type="text"/> *					School Name Address									
Email Address: <input type="text"/> * <a href="mailto:SchoollmmunizationReporting@dhss.mo.gov">Email</a>														
Prepared By: <input type="text"/> *					Date: 10 / 02 / 2009 *					<input checked="" type="checkbox"/> Approved By * (Superintendent or School Administrator)				

2009-2010	GRADE LEVEL													<input type="checkbox"/> Ungraded
	K	1	2	3	4	5	6	7	8	9	10	11	12	
Total Number Of Students Enrolled	34	35	34	35	30	27	24	32	37	46	25	29	39	
<input type="checkbox"/> DTAP DT TD TDAP	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
DTAP DT TD TDAP	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4 doses	4 doses	4 doses	4 doses	3+ doses	3+ doses	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	
Students in Progress <a href="#">(See ACT Record)</a>	1													
Students with Medical Exemption														
Students with Religious Exemption														
Students NonCompliant with Immunization Records *														
Students NonCompliant without Immunization Records *														
<input type="checkbox"/> POLIO	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
POLIO	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	
Students in Progress <a href="#">(See ACT Record)</a>	1													
Students with Medical Exemption														
Students with Religious Exemption														
Students NonCompliant with Immunization Records *														
Students NonCompliant without Immunization Records *														
<input type="checkbox"/> MMR (MEASLES, MUMPS, RUBELLA)	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
MMR (MEASLES, MUMPS, RUBELLA)	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	
Students in Progress <a href="#">(See ACT Record)</a>	1													
Students with Medical Exemption														
Students with Religious Exemption														
Students NonCompliant with Immunization Records *														
Students NonCompliant without Immunization Records *														
<input type="checkbox"/> HEPATITIS B	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
HEPATITIS B	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	

<b>MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES</b> <b>REPORT OF STUDENTS IN NONCOMPLIANCE WITH MISSOURI SCHOOL IMMUNIZATION LAW</b>											
NOTE: As required by section 167.181, Revised Statutes of Missouri and by the Code of State Regulations, 19 CSR 20-28.010, the name of any parent/guardian who neglects or refuses to permit a nonexempted child to be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella shall be reported by the school administrator/superintendent to the Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102.											
NAME OF SCHOOL OR SCHOOL SYSTEM:				SCHOOL ID NUMBER:				DATE: <div style="border: 1px solid black; display: inline-block; padding: 2px;">11 / 24 / 2009 *</div>		CONTACT PERSON: <div style="border: 1px solid black; width: 100px; height: 1.2em;"></div> *	
SUMMARY REPORT EMAIL ADDRESS:											
STUDENT ID	GRADE	IMMUNIZATIONS NEEDED (check all that apply)									IMMUNIZATION FOLLOWUP - DUE <u>10-15-09</u>
		NO RECORD	DIPH & TET	PERTUSSIS	POLIO	MEASLES	RUBELLA	MUMPS	HEP B	VARICELLA	State month, day and year of completed immunizations or indicate In Progress, Medical Exempt, or Religious Exempt. (Continue providing followup information until all students are compliant.)
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>
<div style="border: 1px solid gray; width: 60px; height: 1.2em;"></div>	<div style="border: 1px solid gray; background-color: #ccc; padding: 2px; text-align: center;">▼</div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid gray; width: 100%; height: 1.2em;"></div>